

The volume could use a couple of changes in the future that might help the reader. First, the summaries should precede the tables rather than be intermixed with them, as one has to jump forward and backward to relate the summaries to the appropriate table(s). Second, editorial comment at the beginning or end of each section might permit the author to stress which tables are most useful in clinical practice, especially when one comes across a nine page table on the "Case Definitions for Neuropsychiatric Syndromes in Systemic Lupus Erythematosus!"

I would easily recommend this book as a desk reference and a great volume for residents in training. Neurology has always been a specialty of pattern recognition or heuristics to make an accurate diagnosis. There is now too much to remember and learn about the criteria needed to make a myriad of neurological diagnoses in this modern era, so this volume will be helpful, and comes with an opportunity to download a PDA version separately on-line. Finally, this is not a volume to read cover to cover, as most reference works are, in large part because there is a tendency to start to see disorders as more alike than different – so naming is a very difficult thing to do, but worth the effort if one can get the name of the disease right! Dr. Lerner has taken the first steps to helping neurologists get the 'naming' correct.

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PROGRESS IN NEUROTHERAPEUTICS AND NEUROPSYCHOPHARMACOLOGY. VOLUME 1. 2006. Edited by Jeffrey L. Cummings. Published by Cambridge University Press. 169 pages. Price C\$135.

As stated by Jeffrey L. Cummings, the Editor-in-Chief, "Progress in Neurotherapeutics and Neuropsychopharmacology has two objectives:

1. to provide a continuous update of the clinical trials that can be used to inform and improve the care of patients with neurologic and psychiatric illnesses
2. to provide an update on clinical trial methodologies, designs, and outcome assessments."

With respect to the first objective, this first volume contains a collection of twelve chapters covering a wide range of neurological and psychiatric conditions, including Parkinson's Disease, multiple sclerosis, glioblastoma multiforme, migraine, amyotrophic lateral sclerosis, autism and schizophrenia. Each chapter concludes with sections describing how the results reported should be translated into current clinical practice. While a positive recommendation is made for the use of rivastigmine for Parkinson's Disease with dementia (Tekin and Lane, pp13-26), negative recommendations are made for modafinil for fatigue in multiple sclerosis (Stankoo, Lubetzki and Clanet, pp27-36) and for minocycline in amyotrophic lateral sclerosis (Gordon, Choi, Moore and Miller, pp63-78). The clinical trials described in each chapter have been published previously in greater detail and the references to the original publications are provided.

With respect to the second objective of this publication, several clinical issues are addressed, in addition to safety and efficacy. For example the issue of compliance is addressed in an interesting

chapter by Jeremy M. Schefner (pp 79-90), who reports that in a trial testing the effects of creatine in treatment of amyotrophic lateral sclerosis, 6 of 31 subjects in the placebo group had elevated urinary creatine levels whereas 6 of 37 subjects in the creatine group did not. A novel trial design was reported by Meltzer (pp 115-120) in which four novel treatments for schizophrenia were compared to haloperidol, the active comparator, and placebo. This "metatrial" design reduced the number of patients on placebo relative to four independent trials. From the results, two compounds, an NK3 antagonist and a 5-HT_{2A/2C} antagonist, were identified as deserving further investigation.

Lack of demonstrated efficacy can result from poorly designed trials, so this collection of clinical trial reports may prove most useful by highlighting some of the issues to be considered when planning trials. The report on the use of creatine in amyotrophic lateral sclerosis (Schefner, pp 79-90) concluded that the trial was underpowered to detect a modest benefit, such as the 10% increase in survival time after diagnosis reported for riluzole. The difficulties in designing appropriate trials for migraine were discussed by Wiendels and Ferrari (pp 53-61). In this condition, mild headache is more likely to respond to treatment but is also more difficult to distinguish from a tension headache.

As the purpose of Progress in Neurotherapeutics and Neuropsychopharmacology is to provide a continuous source of current results of clinical trials, the chapters presented in this volume are also freely available online at http://www.cambridge.org/jid_PNN, together with new chapters destined for the second volume in the series. These collections of clinical trial reports will prove useful, to clinicians and researchers alike, by providing short, timely and clear accounts of new treatment strategies for neurological and psychiatric conditions.

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